

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
2. NAME OF OPERATOR Tiffany Gas Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR P.O. Box 50, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1815' FSL 1485' FEL		8. FARM OR LEASE NAME USG Section 19	
14. PERMIT NO.		9. WELL NO. 49	
15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5115 GR		10. FIELD AND POOL, OR WILDCAT Hogback Dakota	
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec 19, T29N, R16W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Plugging <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8/17/89 Drilled out from under cement (production string) with 3 3/4" hole to total depth of 767.5'. Topped Dakota at 761'. No oil or gas shows.
Plugging procedure utilized:
Fill 4 1/2" casing to surface with 65 sacks of Class "B" cement. Mark Fillifer (BLM) was present during plugging procedure.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

18. I hereby certify that the foregoing is true and correct.
SIGNED [Signature] TITLE General Partner
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED	
DATE 8/18/89	
SEP 01 1989	
DATE	
Ken Townsend	
FOR AREA MANAGER	
FARMINGTON RESOURCE AREA	

*See Instructions on Reverse Side